The information you provide on this document will help us determine your eligibility for aid in 2017-2018.

**Enrollment plans for 2017-2018**

1. Estimated number of credits: _____ Fall Semester _____ Spring Semester

2. Housing (check one):
   - [ ] College housing (Room Only)
   - [ ] College housing (Room & Board)
   - [ ] College housing (Conway House)
   - [ ] Off campus
   - [ ] Commuter housing
   - _____ Number of nights in commuter housing desired per week

3. Number of miles from home to campus (one way) ______

**Household Information**

Give information for yourself and all others in your household for 2017-2018, whether enrolled in school/college or not, and notify us of changes. Include anyone dependent on you for support or anyone who shares the support of the household. Attach an extra page to list additional members.

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Age</th>
<th>Relationship</th>
<th>If school age, name of school/college in 2017-18</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

**Educational Expenses**

A. Books and Supplies $ _______  E. Senior project (department) $ _______
B. Child Care $ _______    F. Course or lab fees (course) $ _______
C. Medical supplies or treatment $ _______ G. Required summer study $ _______
D. Other (explain) $ _______ (for shortage or acceleration)

**Outside Scholarships and Loans** *(Policy can be found at www.smith.edu/sfs/aid_outside.php)*

If you expect to receive any outside scholarship or loan awards for 2017-2018, please complete the information below. Do not include Federal Pell or State grants, Federal Direct or Perkins loans.

<table>
<thead>
<tr>
<th>Name of award</th>
<th>Amount</th>
<th>Type (Scholarship or loan)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<tr>
<td>2.</td>
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<tr>
<td>3.</td>
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</tbody>
</table>

It is your responsibility to inform us of outside aid; if we learn of any outside awards after July 1, the grant portion of your award may be reduced by the full amount of the award.
**Income Information**

1. Your employer/occupation ____________________________
   Employer’s Address _________________________________
   ________________________________
   Will you continue to work for this employer during the
   2017-2018 school year? □ Yes □ No
   Title(s) or position(s): ________________________________
   Send a copy of the most recent IRS corporate or partnership return if
   other than sole proprietorship.

2. Are you or your spouse self-employed? □ Yes □ No
   Does the family hold an interest in any business or farm?
   □ Yes □ No

3. Spouse’s employer/occupation _________________________
   Employer’s Address ________________________________

4. Indicate the expected summer/school-year income from work for you and your spouse.

<p>| | | |</p>
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<tbody>
<tr>
<td></td>
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<td></td>
</tr>
<tr>
<td>Summer 2017</td>
<td>School Year</td>
<td>Summer 2017</td>
</tr>
<tr>
<td>(3 months)</td>
<td>2017-2018</td>
<td>(3 months)</td>
</tr>
<tr>
<td>By you</td>
<td></td>
<td>By Spouse</td>
</tr>
</tbody>
</table>

5. Indicate expected 2017-18 monthly income from these sources:

   - AFDC/TAFN
   - Medicare
   - Employer Tuition Benefits
   - Day Care Vouchers
   - Social Security
   - Worker’s Compensation
   - Child Support
   - Rehabilitation Program
   - Aid to the Elderly/Disabled
   - Housing Assistance
   - Education/Training
   - Assistance from Friends/Relatives
   - Food Stamps
   - Veteran’s Benefits

**Statement of Eligibility**

I certify that I, the student, am not in default on any Federal Family Educational Loan Program (Guaranteed Student Loan/Stafford Loan, National Direct/Defense/Perkins Loan, or PLUS/SLS Loan) and that I do not owe a refund on any Federal Title IV - Higher Education Act grant (Pell, Supplemental Educational Opportunity Grant or State Student Incentive Grant) for attendance at Smith College or any other educational institution and I do not own property subject to a judgment lien for a debt owed to the United States.

Your Signature (Student) ____________________________ Date ______________  Your Spouse’s Signature (if married) ______________  Date ______________

**If you are in default, or owe a refund, contact Student Financial Services immediately.**

**Student Account Authorization**

I, the student, authorize Smith College to apply Federal Title IV financial aid funds to allowable institutional charges such as tuition, room, board, and required fees and also to other educationally related expenses that might be posted to my student account.

Examples of other charges are computer software and equipment, optional health insurance charges and other medical expenses, late payment fees and bad check fines, library fines and miscellaneous housing charges.

I understand that this authorization can be rescinded at any time by submitting a signed statement to the Office of Student Financial Services.

Authorization: Yes _____  No _____